## 10/731,571 **Application Number TRANSMITTAL** December 9, 2003 Filing Date David L. Henrickson First Named Inventor **FORM** Group Art Unit 3624 (to be used for all correspondence after initial filing) 5084 **Confirmation Number** Thomas L. Mansfield **Examiner Name** Sent via Express Mail Label No.: Attorney Docket Number 317071.01 ENCLOSURES (check all that apply) ☐ Fee Transmittal Form ☐ Assignment Papers After Allowance Communication to TC ☐ Fee Attached (for an Application) ☐ Appeal Communication to Board of Amendment / Reply (10 pages) ☐ Drawing(s) ( sheets) Appeals and Interferences After Final Affidavits/declaration(s) Declaration Appeal Communication to TC ☐ Newly Executed ( pages) ☐ A copy from a prior application ■ Extension of Time Request Proprietary Information (37 CFR 1.63(d)) ( pages) ■ Express Abandonment Request Status Letter ☐ Licensing-related Papers ☐ Information Disclosure Statement with Application Data Sheet Form PTO/SB/08A ( pages) ☐ Petition Response to Notice to File Missing Parts Request for Corrected Filing Receipt ☐ Petition to Convert to a Provisional A copy of the Notice to File Missing Application Parts Under 37 CFR 1.52 or 1.5 Return Receipt Postcard General Power of Attorney (SB80) CERTIFICATE OF MAILING OR TRANSMISSION Other Enclosure(s) (please identify ☐ 37 CFR 3.73(b) Statement (Under 37 CFR § 1.8(a)) below): ☐ Terminal Disclaimer I hereby certify that this correspondence is being electronically deposited with the USPTO via ☐ Request for Refund EFS-Web on the date shown below: CD, Number of CD(s) /Noemi Tovar/ Signature February 13, 2009 Date The Commissioner is hereby authorized to charge any additional Remarks Noemi Tovar fees required, or credit any overpayments, to Deposit Account No. 50-Printed Name 0463 for the above identified patent application. SIGNATURE OF ATTORNEY OR AGENT /MacLane C. Key/ 48,250 Signature Reg. No. Name of Attorney or Agent MacLane C. Key (703) 647-6566 Date February 13, 2009 Tel. Facsimile No. (425) 708-5046 **MICROSOFT CORPORATION** Assignee Name:

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